FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
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hours per response.....16.00

SEC USE ONLY						
Prefix	Serial					
DATE RECE	IVED					

30 Industrial Drive, Greenville, South Carolina 29607 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) rief Description of Business Marketing telephone service, including over the internet ype of Business Organization organization limited partnership, already formed other (please special partnership) to be formed	NOV 1 6 2004 THOMSON E Ephone Number (Including Area Code) 78 3162 Iephone Number (Including Area Code)
Enter the information requested about the issuer ame of Issuer (check if this is an amendment and name has changed, and indicate change.) hampion Communications, Inc. ddress of Executive Offices (Number and Street, City, State, Zip Code) 30 Industrial Drive, Greenville, South Carolina 29607 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) f different from Executive Offices) rief Description of Business Marketing telephone service, including over the internet ype of Business Organization organization limited partnership, already formed other (please specified partnership) to be formed	78 3162 lephone Number (Including Area Code)
ame of Issuer (check if this is an amendment and name has changed, and indicate change.) hampion Communications, Inc. ddress of Executive Offices (Number and Street, City, State, Zip Code) Tele 30 Industrial Drive, Greenville, South Carolina 29607 864 67 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) Tele f different from Executive Offices) rief Description of Business Marketing telephone service, including over the internet ype of Business Organization limited partnership, already formed other (please specified partnership) limited partnership, to be formed	78 3162 lephone Number (Including Area Code)
hampion Communications, Inc. Iddress of Executive Offices (Number and Street, City, State, Zip Code) 30 Industrial Drive, Greenville, South Carolina 29607 Iddress of Principal Business Operations (Number and Street, City, State, Zip Code) If different from Executive Offices) Telephone Executive Offices Arketing telephone service, including over the internet Improve of Business Organization Corporation Imited partnership, already formed other (please specified partnership) to be formed	78 3162 lephone Number (Including Area Code)
ddress of Executive Offices (Number and Street, City, State, Zip Code) 30 Industrial Drive, Greenville, South Carolina 29607 864 67 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) rief Description of Business Marketing telephone service, including over the internet ype of Business Organization organization limited partnership, already formed other (please special partnership) business trust limited partnership, to be formed	78 3162 lephone Number (Including Area Code)
30 Industrial Drive, Greenville, South Carolina 29607 ddress of Principal Business Operations (Number and Street, City, State, Zip Code) rief Description of Business Marketing telephone service, including over the internet ype of Business Organization organization limited partnership, already formed other (please special partnership) to be formed	78 3162 lephone Number (Including Area Code)
ddress of Principal Business Operations f different from Executive Offices) Tel Tel Tel Tel Tel Tel Tel Te	lephone Number (Including Area Code)
rief Description of Business Marketing telephone service, including over the internet ype of Business Organization organization limited partnership, already formed business trust limited partnership, to be formed	NOW 1 2 2004
Marketing telephone service, including over the internet ype of Business Organization Corporation Ilmited partnership, already formed business trust Ilmited partnership, to be formed	NOW 1 9 2004 pecify):
ype of Business Organization ✓ corporation	pecify): 2004
	pecify):
V A. V	No 11 21 37
Month Year ctual or Estimated Date of Incorporation or Organization: ○ 3 ○ 4 ✓ Actual ○ Estimated arisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	
ENERAL INSTRUCTIONS	
ederal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 7d(6).	on 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A not and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signe hotocopies of the manually signed copy or bear typed or printed signatures.	ed. Any copies not manually signed must b
information Required: A new filing must contain all information requested. Amendments need only report the numbereto, the information requested in Part C, and any material changes from the information previously supplied in Foot be filed with the SEC.	name of the issuer and offering, any change Parts A and B. Part E and the Appendix nee
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of JLOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securitive to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the execompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Ahis notice and must be completed.	ies Administrator in each state where sale xemption, a fee in the proper amount sha
ATTENTION	

filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Director Managing Partner Full Name (Last name first, if individual) Leighton Cubbage Business or Residence Address (Number and Street, City, State, Zip Code) 130 Industrial Drive, Greenville, South Carolina 29607 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) John Walter Business or Residence Address (Number and Street, City, State, Zip Code) 130 Industrial Drive, Greenville, South Carolina 29607 Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Doug Qualls Business or Residence Address (Number and Street, City, State, Zip Code) 130 Industrial Drive, Greenville, South Carolina 29607 Check Box(es) that Apply: ☐ Beneficial Owner П **Executive Officer** General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) James Bailey Business or Residence Address (Number and Street, City, State, Zip Code) 130 Industrial Drive, Greenville, South Carolina 29607 Promoter Beneficial Owner **Executive Officer** General and/or Check Box(es) that Apply: Director П П Managing Partner Full Name (Last name first, if individual) lonosphere, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 130 Industrial Drive, Greenville, South Carolina 29607 Beneficial Owner Check Box(es) that Apply: Promoter П **Executive Officer** Director П General and/or Managing Partner Full Name (Last name first, if individual) Trelys Business or Residence Address (Number and Street, City, State, Zip Code) 1901 Assembly Street, Suite 390, Columbia, South Carolina 29201 Check Box(es) that Apply: Beneficial Owner **Executive Officer** General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. IN	FORMATI	ON ABOUT	COFFERIN	l G			沙 医水	
			1 .1				11. 1.			2		Yes	No
1.	Has the	issuer sold	; or does th							-	•••••		
2	Whatia					Appendix,		-			_	c	
2.	whatis	ine minimi	um investm	ent that w	ili be accep	ned from a	ny maiviai	1a1 /11Q.	cappı	vrcapr	€	\$ Yes	No
3.	Does the	offering p	ermit joint	ownership	p of a singl	e unit?		•••••					X
4.			ion requeste									_	
	If a perso	on to be list	lar remuner ted is an ass me of the bi	ociated per	rson or age	nt of a brok	er or dealer	registered	with the S	EC and/or v	with a state		
			you may se		information	on for that	broker or c	lealer only					
	I Name (L one	ast name i	first, if indi	vidual)									
		Residence	Address (N	umber and	Street Ci	tv State 7	in Code)						
Du	3111033 01 1	xesidence .	Address (IV	amoer and	i ou coi, ci	ty, state, 2	ip code)						
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check '	"All States	" or check	individual	States)								States
	[AT]	AK	AZ	AD	CA	CO	[CT]	DE	DC	FL	GA	ΉΠ	ID
	AL IL	IN	IA	[KS]	KY	LA	ME	MD	MA	MI	GA MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH]	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	II Name (I	_ast name	first, if indi	ividual)			_						
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						_
Na	me of Ass	ociated Br	oker or De	aler									
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)			•••••				☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	Il Name (I	Last name	first, if ind	ividual)			_	-					
Bı	siness or	Residence	Address (1	Number an	nd Street, C	City, State,	Zip Code)	*****					
N:	me of Ass	sociated B	roker or De	aler									
						, <u>"</u>							-
St			Listed Ha									_	
	(Check	"All State:	s" or check	individua	l States)			•••••				A	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	1,644,300.00	\$ 1,644,300.00
	Equity		\$
	☐ Common ☐ Preferred		· ·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total	1,644,300.00	\$ 1,644,300.00
	Answer also in Appendix, Column 3, if filing under ULOE.	-	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 1,644,300.00
	Non-accredited Investors		\$ 1,0 / 1,000,000
	Total (for filings under Rule 504 only)		\$ 1,644,300.00
		<u>-</u>	3_1,011,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	-	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$ 5,000.00

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — (proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	3	1,639,300.00
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross	i	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate			\$
	Purchase, rental or leasing and installation of mach		\$	\$
	Construction or leasing of plant buildings and faci	lities	. 🗀 \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	□\$	□\$
	Repayment of indebtedness		_	_
	Working capital			
	Other (specify):			
			. 🔲 \$	\$
	Column Totals		· 🗆 \$ <u>0.00</u>	\$1,644,300.00
	Total Payments Listed (column totals added)			,644,300.00
AND THE		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writt	
Iss	uer (Print or Type)	Signature	Date	
С	nampion Communications, Inc.	Low Ghalle	November 9, 2	004
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	·*······	
Do	ug Qualls	Chief Financial Officer		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			, j
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E	
	See Appendix, Column 5, for state response.			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Champion Communications, Inc.	Long Walls	November 9, 2004
Name (Print or Type)	Title (Print or Type)	
Doug Qualls	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 3 5 2. 4 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state investors in State amount purchased in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors State Yes No **Amount Investors Amount** Yes No ALΑK AZARCA CO CTDE DC FL GA HI ID IL IN IA KS KY LA ME MD MAΜI MN MS

APPENDIX

1	. 2		3			4		5 Disqualification		
	Intend to non-ac investors (Part B-	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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MT										
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1	HE 44 DA	APPENDIX 3 4							5 Disqualification		
	to non-a	to sell accredited is in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY	Transfer Table PUBLISHERS TO										
PR		0.00 (1.									